

SERFF Tracking Number: CNNA-125310387 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: AR-PC-07-026288
Company Tracking Number: CGL-07-6018-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: CGL-07-6018-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CGL-07-6018-AR

SERFF Tr Num: CNNA-125310387 State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: AR-PC-07-026288

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: CGL-07-6018-AR

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Author: Sharon Grubbs

Disposition Date: 10/10/2007

Date Submitted: 10/02/2007

Disposition Status: Approved

Effective Date Requested (New): 05/01/2008

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/10/2007

State Status Changed: 10/03/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file form(s) per the attached memorandum.

Final copies are attached for your review.

The corresponding rule(s) filing is being submitted under separate transmittal

#CGL-07-6020-AR .

Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

SERFF Tracking Number: CNNA-125310387 State: Arkansas
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Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by February 1, 2008, for the software to be mailed to our agents on March 1, 2008, for the effective date of May 1, 2008.

Your approval is respectfully requested for use on policies effective on or after May 1, 2008.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon_grubbs@cinfin.com
 6200 S. Gilmore Road (513) 870-2091 [Phone]
 Fairfield, OH 45014 ()-[FAX]

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 870-2000 ext. [Phone] FEIN Number: 31-0542366

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	10/02/2007	15905994

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/10/2007	10/10/2007

SERFF Tracking Number: *CNNA-125310387* *State:* *Arkansas*
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Disposition

Disposition Date: 10/10/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125310387 State: Arkansas

Filing Company: The Cincinnati Insurance Company State Tracking Number: AR-PC-07-026288

Company Tracking Number: CGL-07-6018-AR

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	PROPERTY AND CASUALTY TRANSMITTAL	Approved	Yes
Supporting Document	FORM FILING SCHEDULE	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	COLLEGES OR SCHOOLS (LIMITED FORM)	Approved	Yes
Form	COLLEGES OR SCHOOLS	Approved	Yes
Form	APPLICATION FOR INCREASE IN LIMITS OF INSURANCE EMPLOYMENT PRACTICES LIABILITY COVERAGE	Approved	Yes
Form	EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION	Approved	Yes

SERFF Tracking Number: CNNA-125310387 State: Arkansas

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	COLLEGES OR SCHOOLS (LIMITED FORM)	CG 22 71	10 01	Endorsement/Amendment/Conditions	Replaced Form #:0.00 GA 360 12 04 Previous Filing #: CGL-05-6008-AR		CG2271 1001.pdf
Approved	COLLEGES OR SCHOOLS	CG 22 72	03 05	Endorsement/Amendment/Conditions	Replaced Form #:0.00 GA 361 12 04 Previous Filing #: CGL-05-6008-AR		CG2272 0305.pdf
Approved	APPLICATION FOR INCREASE IN LIMITS OF INSURANCE EMPLOYMENT PRACTICES LIABILITY COVERAGE	GA 010	07 07	Application/Replacement/Binder/Endorsement	Replaced Form #:0.00 GA-010 (10/01) Previous Filing #: CGL-01-6018-AR		GA010 07-07.pdf
Approved	EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION	GA 012	07 07	Application/Replacement/Binder/Endorsement	Replaced Form #:0.00 GA-012 (8/01) Previous Filing #: CGL-01-6018-AR		GA012 07-07.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COLLEGES OR SCHOOLS (LIMITED FORM)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to the operation of any college or school by you or on your behalf, the following provisions apply:

- A.** With respect to the transportation of students, Exclusion **g.** of Paragraph **2.**, **Exclusions of Section I - Coverage A - Bodily Injury and Property Damage Liability** is replaced by the following:

This insurance does not apply to:

- g.** "Bodily injury" or "property damage" arising out of the ownership, maintenance, operation, use, "loading or unloading" or entrustment to others of any aircraft, "auto" or watercraft that is owned, operated or hired by any insured. For the purpose of this exclusion, the word hired includes any contract to furnish transportation of your students to and from schools.

This exclusion applies even if the claims against the insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft that is owned or operated by or rented or loaned to any insured.

- B.** The following exclusions are added to **Section I - Coverage A - Bodily Injury and Property Damage Liability** and **Section I - Coverage B - Personal and Advertising Injury Liability**:

- 1.** If the college or school owns or operates an infirmary with facilities for lodging and treatment or a public clinic or hospital, this insurance does not apply to "bodily injury", "property damage", or "personal and advertising injury" caused by:
 - a.** The rendering of or failure to render:

- (1)** Medical, surgical, dental, x-ray or nursing service, treatment, advice or instruction, or the related furnishing of food or beverages;

- (2)** Any health or therapeutic service, treatment, advice or instruction; or

- (3)** Any service, treatment, advice or instruction for the purpose of appearance or skin enhancement, hair removal or replacement or personal grooming.

- b.** The furnishing or dispensing of drugs or medical, dental or surgical supplies or appliances; or

- c.** The handling or treatment of dead bodies, including autopsies, organ donation or other procedures.

- 2.** This insurance does not apply to "bodily injury" to any person while practicing for or participating in any sports or athletic contest or exhibition if there is no direct management, organization or supervision of such sports or athletic contest or exhibition by any insured.

- C.** The following exclusion is added to **Section I - Coverage C - Medical Payments**:

We will not pay expenses for "bodily injury" to your student.

- D.** **Section II - Who is an Insured** is amended to include as an insured any of the following but only with respect to their duties in connection with the positions described below:

- 1.** Any of your trustees or members of your Board of Governors if you are a private charitable or educational institution;
- 2.** Any of your board members or commissioners if you are a public board or commission; or
- 3.** Any student teachers teaching as part of their educational requirements.

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COLLEGES OR SCHOOLS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to the operation of any college or school by you or on your behalf, the following provisions apply:

- A.** With respect to the transportation of students, Exclusion **g.** of Paragraph **2.**, **Exclusions of Section I - Coverage A - Bodily Injury and Property Damage Liability** is replaced by the following:

This insurance does not apply to:

- g.** "Bodily injury" or "property damage" arising out of the ownership, maintenance, operation, use, "loading or unloading" or entrustment to others of any aircraft, "auto" or watercraft that is owned, operated or hired by an insured. For the purpose of this exclusion, the word hired includes any contract to furnish transportation of your students to and from schools.

This exclusion applies even if the claims against the insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft that is owned, operated or hired by any insured.

- B.** The following exclusions are added to **Section I - Coverage A - Bodily Injury and Property Damage Liability** and **Section I - Coverage B - Personal and Advertising Injury Liability**:

1. If the college or school owns or operates an infirmary with facilities for lodging and treatment or a public clinic or hospital, this insurance does not apply to "bodily injury", "property damage", or "personal and advertising injury" caused by:

- a.** The rendering of or failure to render:

- (1) Medical, surgical, dental, x-ray or nursing service, treatment, advice or instruction, or the related furnishing of food or beverages;

- (2) Any health or therapeutic service, treatment, advice or instruction; or

- (3) Any service, treatment, advice or instruction for the purpose of appearance or skin enhancement, hair removal or replacement or personal grooming.

- b.** The furnishing or dispensing of drugs or medical, dental or surgical supplies or appliances; or

- c.** The handling or treatment of dead bodies, including autopsies, organ donation or other procedures.

2. This insurance does not apply to "bodily injury" to any person while practicing for or participating in any sports or athletic contest or exhibition if there is no direct management, organization or supervision of such sports or athletic contest or exhibition by any insured.

- C.** **Section II - Who is an Insured** is amended to include as an insured any of the following but only with respect to their duties in connection with the positions described below:

1. Any of your trustees or members of your Board of Governors if you are a private charitable or educational institution.
2. Any of your board members or commissioners if you are a public board or commission.
3. Any student teachers teaching as part of their educational requirements.

- ☐ **THE CINCINNATI INSURANCE COMPANY**
☐ **THE CINCINNATI CASUALTY COMPANY**
☐ **THE CINCINNATI INDEMNITY COMPANY**

APPLICATION FOR INCREASE IN LIMITS OF INSURANCE EMPLOYMENT PRACTICES LIABILITY COVERAGE

Date: _____

Effective Date: _____

Policy Number: _____

Insured: _____

Agency: _____

NOTE: COVERAGE MAY NOT BE BOUND WITHOUT PRIOR APPROVAL

1. Limits of insurance desired: \$ _____ Per Wrongful Act / Aggregate
2.
 - a. List all employment lawsuits, negotiated settlements, administrative proceedings (e.g., EEOC) and internal employment practices complaints made against any insured during the past three years. Describe the type of allegation, the court or agency involved and any determination, judgment, defense cost or settlement for each; and
 - b. Describe all facts, situations and circumstances which the insured reasonably believes may give rise to a claim under this coverage.

☐ Check here if none.

3. Has any insured conducted or is any insured anticipating any layoffs, staff reductions, or facility closings? ☐ Yes ☐ No If "Yes", please give a narrative of the details including the reason for the action and the number of employees affected.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED WARRANTS THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD AN ENDORSEMENT BE ISSUED AND SHALL BE DEEMED ATTACHED TO AND SHALL FORM PART OF THE POLICY. WE ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION THAT WE DEEM NECESSARY.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE / SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS (VT: MAY BE COMMITTING A CRIME SUBJECTING) THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE, VIRGINIA AND WASHINGTON, INSURANCE BENEFITS MAY ALSO BE DENIED.

APPLICANT'S AUTHORIZED SIGNATURE
(Of a principal, partner, or officer or the
director of Human Resources / Personnel)

DATE

Print or type name shown above

TITLE

AGENT'S SIGNATURE

- ☐ THE CINCINNATI INSURANCE COMPANY
☐ THE CINCINNATI CASUALTY COMPANY
☐ THE CINCINNATI INDEMNITY COMPANY

EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION CLAIMS-MADE COVERAGE

Effective Date _____

Policy Number _____

NOTE: COVERAGE MAY NOT BE BOUND WITHOUT PRIOR APPROVAL

I. NAME OF APPLICANT & ADDRESS																					
AGENCY:	AGENCY CODE:																				
DATE																					
II. GENERAL INFORMATION SECTION																					
A. Applicant's Operation is: <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit B. Description of operations: _____ C. Years in business: _____ D. Are there subsidiary companies? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach a list of subsidiary applicants to be covered and include the nature of the business, percentage owned by applicant and date acquired or created. E. Total number of full-time employees (including directors and officers) _____ Part-time _____ Total number of employees covered by collective bargaining agreements _____ Total number of employees covered by formal employment contracts _____ If employees under formal contract, attach copies of contracts. Total number of salaried employees (full & part-time) _____ Hourly employees (full & part-time) _____ F. Employees located in other states or countries? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach list of total number of employees per individual state or country. G. Indicate employee turnover for the previous three years: Number of full-time employees hired _____ No. of voluntary quits _____ No. of involuntary terminations _____ Number of part-time employees hired _____ No. of voluntary quits _____ No. of involuntary terminations _____																					
III. LOSS HISTORY																					
A. Attach a list of all employment lawsuits, negotiated settlements, administrative proceedings (e.g., EEOC), union grievances and internal employment practices complaints made against any applicant during the past three years. Describe the type of allegation, the court or agency involved and any determination, judgment, defense cost or settlement for each. <input type="checkbox"/> Check here if none made during the past three years _____ (applicant's initials) B. Are any applicants proposed for coverage aware of any facts or circumstances which: 1) may give rise to a future claim that would fall within the scope of the proposed coverage, or 2) have been given as notice under the provisions of any prior or current Employment Practices Liability Insurance or similar insurance. _____ (yes or no) If "Yes," please attach specific details. _____ (applicant's initials) It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.																					
IV. COVERAGE REQUESTED																					
A. Limits of Insurance: <input type="checkbox"/> \$500,000 per Wrongful Act / Aggregate <input type="checkbox"/> \$750,000 per Wrongful Act/ Aggregate <input type="checkbox"/> \$1,000,000 per Wrongful Act / Aggregate <input type="checkbox"/> Other B. Deductible Amount: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other C. Co-Pay Percent: <input type="checkbox"/> 0% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% D. Is Punitive Damage Coverage Desired? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
V. EMPLOYMENT PRACTICES / PROCEDURES																					
A. Do applicants have a Human Resources or Personnel Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," who is responsible for this function and what are that person's qualifications? _____ B. Applicants:																					
a. Use legal counsel in: 1) Establishing employment policies / procedures 2) Making sensitive disciplinary / termination decisions b. Comply with Uniform Federal Accessibility Standards c. Maintain employee files in a secure, locked place d. Securely maintain employee medical records If "Yes", are they stored separately from other personal records? e. Maintain written records of disciplinary action f. Conduct written performance evaluations at least annually	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Yes	No
g. Display, as required, federal and state mandated posters	<input type="checkbox"/>	<input type="checkbox"/>
h. Have contracts with or receive financial assistance from the federal government	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," attach details		
i. Are presently subject to any judicial or administrative order, decree, judgement or conciliation agreement relating to employment. If "Yes," attach copy	<input type="checkbox"/>	<input type="checkbox"/>
j. Are party to a labor leasing contract.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Train all supervisors on interviewing techniques not permissible under law.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Have filed for bankruptcy in the past five years. If "Yes," attach a narrative of the details (including a copy of any final judgement entry)	<input type="checkbox"/>	<input type="checkbox"/>
m. Plan to acquire or merge with any companies.....	<input type="checkbox"/>	<input type="checkbox"/>
n. Have conducted or are anticipating any layoffs, staff reductions, or facility closings. If "Yes," attach a narrative of the details including the reason for the action and the number of employees affected.....	<input type="checkbox"/>	<input type="checkbox"/>
o. Use polygraphs in employment procedures	<input type="checkbox"/>	<input type="checkbox"/>
p. Use an employment application for all prospective employees	<input type="checkbox"/>	<input type="checkbox"/>
q. Have employee handbook	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," handbook is distributed to all employees with a signed acknowledgment of receipt.....		
How often is the handbook updated?		
r. Have written policy in place regarding sexual harassment policy / reporting procedure	<input type="checkbox"/>	<input type="checkbox"/>

VI. ATTACH COPIES OF APPLICANT'S:

1. Employment application
2. Discrimination / sexual harassment policy and reporting procedure
3. Employee handbook
4. Current financial statement / annual report (if over 50 employees)
5. Family & Medical Leave Act policy (if over 50 employees)
6. Most recent EEO-1 report (if over 100 employees)

UNDERSIGNED DECLARES THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. ALTHOUGH THE SIGNING OF THIS APPLICATION DOES NOT OBLIGATE THE UNDERSIGNED ON BEHALF OF THE APPLICANT OR ITS DIRECTORS, OFFICERS OR INSURED PERSONS TO PURCHASE INSURANCE, THE UNDERSIGNED WARRANTS THAT THIS APPLICATION AND ITS ATTACHMENTS SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND SHALL BE DEEMED ATTACHED TO AND SHALL FORM PART OF THE POLICY. WE ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION WE DEEM NECESSARY.

ANY INSPECTION, REVIEWS, REPORTS OR RECOMMENDATIONS MADE BY THE CINCINNATI INSURANCE COMPANY RELATE ONLY TO INSURABILITY AND THE PREMIUMS TO BE CHARGED. FURTHERMORE, NO RECOMMENDATIONS ARE INTENDED AS LEGAL ADVICE AND THE CINCINNATI INSURANCE COMPANY DOES NOT WARRANT THAT CONDITIONS ARE IN COMPLIANCE WITH ANY LAWS, REGULATIONS, CODES OR STANDARDS. THIS REPORT IS INTENDED SOLELY FOR INSURANCE PURPOSES.

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 APPLICANT'S AUTHORIZED SIGNATURE
 (of a principal, partner, officer or the director of Human
 Resources / Personnel)

 DATE

 Print or type name shown above

 TITLE

 AGENT'S SIGNATURE

 DATE

 AGENCY AND CODE NUMBER

THIS SECTION TO BE COMPLETED BY AGENT ONLY. THIS SECTION IS NOT SUBJECT TO THE WARRANTY.

1. Is this applicant primarily located in a metro area (urban or suburban) with a population over 250,000? ☐ Yes ☐ No
2. Current insurance maintained by applicant:

	Carrier	Agent	Policy No.	Exp. Date	Limits	Premium
D & O	_____	_____	_____	_____	_____	_____
Property	_____	_____	_____	_____	_____	_____
CGL	_____	_____	_____	_____	_____	_____
Umbrella	_____	_____	_____	_____	_____	_____

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Rate Information

Rate data does NOT apply to filing.

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<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026288</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	10/10/2007
Bypass Reason:	N/A			
Comments:				

Satisfied -Name:	PROPERTY AND CASUALTY TRANSMITTAL	Review Status:	Approved	10/10/2007
Comments:	PROPERTY AND CASUALTY TRANSMITTAL			
Attachment:	F777AR_307.pdf			

Satisfied -Name:	FORM FILING SCHEDULE	Review Status:	Approved	10/10/2007
Comments:	FORM FILING SCHEDULE			
Attachment:	F778AR_307.pdf			

Satisfied -Name:	MEMORANDUM	Review Status:	Approved	10/10/2007
Comments:	MEMORANDUM			
Attachment:	MEMOF.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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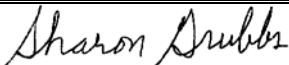
3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CGL-07-6018-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Sharon Grubbs 6200 South Gilmore Road Fairfield, Ohio 45014	Senior Filing Analyst	513-870-2091	513-870-2097	sharon_grubbs@cinfina.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Sharon Grubbs

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Division Six - General Liability
10. Sub-Type of Insurance (Sub-TOI)	Division Six - General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 05/01/08 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	10/2/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CGL-07-6018-AR
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT FILING FEE Amount: \$50</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		CGL-07-6018-AR		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	COLLEGES OR SCHOOLS (LIMITED FORM)	CG 22 71 10 01	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GA 360 12 04	CGL-05-6008-AR
02	COLLEGES OR SCHOOLS	CG 22 72 03 05	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GA 361 12 04	CGL-05-6008-AR
03	APPLICATION FOR INCREASE IN LIMITS OF INSURANCE EMPLOYMENT PRACTICES LIABILITY COVERAGE	GA 010 07 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GA 010 10 01	CGL-01-6018-AR
04	EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION	GA 012 07 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GA 012 08 01	CGL-01-6018-AR
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**ARKANSAS
DIVISION SIX - GENERAL LIABILITY
FORM FILING**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
CG 22 71 10 01	GA 360 12 04	COLLEGES OR SCHOOLS (LIMITED FORM) We are adopting the ISO version of this form.
CG 22 72 03 05	GA 361 12 04	COLLEGES OR SCHOOLS We are adopting the ISO version of this form.
GA 010 07 07	GA-010 (10/01)	APPLICATION FOR INCREASE IN LIMITS OF INSURANCE EMPLOYMENT PRACTICES LIABILITY COVERAGE Revised the fraud warning.
GA 012 07 07	GA-012 (8/01)	EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION Revised the fraud warning.